

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: BROADBANDUSA

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 800 BLUE GENTIAN DRIVE SUITE 200
ST PAUL, MN 55121

Name of Agent Designated to Receive

Notification of Claimed Infringement: ERIK B. CASS

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

2915 COMMERS DRIVE, SUITE 500
EAGAN MN 55121

Telephone Number of Designated Agent: (651) 256-7020

Facsimile Number of Designated Agent: (651) 256-7070

Email Address of Designated Agent: DMCA@BROADBANDUSA.CC

Signature _____ **Representative of the Designating Service Provider:**
Date: JUL 9, 01

Typed or Printed Name and Title: ERIK B. CASS
DMCA COMPLIANCE AGENT

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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